



Catholic Social Services of Washtenaw County  
 Alternatives to Domestic Aggression  
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**REFERRAL TO ADA**

**1. Referral Information (to be completed by the referring agency):**

Date: \_\_\_/\_\_\_/\_\_\_ Date of Offense: \_\_\_/\_\_\_/\_\_\_ Probation Term: \_\_\_\_\_  
 Full Name: \_\_\_\_\_  
 Charge(s): \_\_\_\_\_  
 Date of Birth: \_\_\_/\_\_\_/\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

**2. Referral Source:**  Criminal Justice (*see below*)  Therapist  F.I.A.  Other: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Pertinent Information: \_\_\_\_\_

**Criminal Justice System Referral Source Only:**

Referring Agency and/or Person(s) Name: \_\_\_\_\_

Title:  Probation Officer  Parole Officer  Judge  Magistrate  
 District Court: \_\_\_\_\_  Circuit Court: \_\_\_\_\_  Juvenile Court  
 Court Case Number: \_\_\_\_\_ Sentencing Date: \_\_\_/\_\_\_/\_\_\_

Pertinent Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Prior Convictions: \_\_\_\_\_  
 \_\_\_\_\_

**3. Program Referred To:**

**Alternatives to Domestic Aggression**  \_\_\_\_\_

**4. Release Authorization (to be signed by the person being referred):**

In signing this release I understand that I give permission for all parties listed on this form, designee, records department, successors, assigns and any personnel necessary to the performance of the duties of the individual and/or agency, to release information in my records. The purpose of this disclosure is to assist this agency and/or persons in arriving at an equitable and appropriate disposition of my case. This authorization will remain in effect until 90 days following my discharge from services at ADA. This consent is subject to revocation at any time except to the extent that the program, which is to make the disclosure, has already taken action in reliance on it.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Service Participant Signature Date Witness Signature Date